

BURNS

ACTION/TREATMENT:

ABCs/monitor cardiac rhythm.

IV access, rate titrated to burn size, presence of other injuries, or electrical injuries.

- **Initiate burn care:**

- Burns < 10% body surface area:

- Cool with saline soaks to stop the burning process and to provide minor pain relief.

- Burns > 10% body surface area:

- Cool with saline soaks to stop the burning process. Limit cool soaks to 10 minutes. Cover burn with dry dressing or approved burn dressing, or cover patient with blanket or approved burn cover. Prevent heat loss.

- Medications:

- Albuterol for wheezing or bronchospasm:
3 ml (2.5 mg) of a 0.083% solution nebulized.
May repeat.
 - Morphine sulfate for pain: 2-10 mg IVP.
Base hospital order for > 10 mg.
5-10 mg SQ if unable to establish IV.

- Triage:

- Patients assessed as meeting the Major Burn Victim guidelines (see notes) should be transported to a licensed burn center.

Pediatric:

- Albuterol for wheezing or bronchospasm:
3 ml (2.5 mg) of a 0.083% solution nebulized.
May repeat.
- Morphine sulfate for pain: 0.1 mg/kg slow IVP.
0.1 mg/kg to maximum of 5 mg SQ if unable to establish IV.

Note:

- **Respiratory burns/smoke inhalation:** Anticipate potential for airway compromise. Patients who need immediate airway management should be transported to the nearest PRC for airway stabilization and then retriaged if indicated.
- **May apply cool saline soaks to face and head even if total burn exceeds 10% (with the exception of infants and small children).**
- **Consider trauma center for traumatic burn injuries due to blunt force trauma (e.g. explosions).** The patient may require initial treatment/stabilization at a trauma center and can be transferred to a licensed burn center when medically stable.
- **Carbon monoxide poisoning:** Administer high flow O₂ via nonrebreather mask. SpO₂ will be inaccurate due to inability of pulse oximeter to differentiate between carbon monoxide and oxygen molecule.

Shaded text indicates BH order

Unshaded text indicates standing order

Approved:

Treatment Guideline: environmental:E-05
Implementation Date: 12-16-02

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Major Burn Victims are those with any of the following mechanism of injury or physiological alteration:

Mechanism of Injury:

- Suspected inhalation injury (patients burned in a small confined space, patients with facial burns, hoarseness, dyspnea, soot in mouth, carbonaceous sputum, singed nasal hairs).
- High voltage/electric burns (including lightning injury).
- Chemical burns.

Physiological alteration:

- Burns that involve the face, hands, feet, genitalia, perineum, or major joints.
- Circumferential burns.
- Patients with a pre-existing medical condition that may complicate management or prolong recovery (*e.g.* diabetes, renal failure, cardiac or pulmonary disease).

Total Burn Surface Area (TBSA):

- Second or third degree burns >10% total body surface area (TBSA) in any age group.

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